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23413	7590 10/10	/2007	•	iave his own certificat	e oi maii	ing or transmission.	
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APPLICATION NO.			FIRST NAMED HIVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/742,340 12/19/2003			Jean Lienard		14XZ121711/GEM-0110 6412		6412
TITLE OF INVENTION: F	PROCESS AND DEVI						
		ISSUE FEE DUR	PUBLICATION FEE DU	E PREV. PAID ISSU	B PEE	TOTAL FEE(S) DUE	OATE DUE
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EXAMINER		ART UNIT	CLASS-SUBCLASS	٦			
BHATNAGAR,		2624	382-128000	_			
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1 Til "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Chan 22) atlached. tion (or "Fee Address" or more recent) atlache	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN GE Medical Sy	an assignee is identif 37 CFR 3.11. Compl EE	od below, no assignee tion of this form is NO	data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT	patent. If an assigned assignment. Y and STATE OR Co	OUNTR	Y)	cument has been filed for
		company, LLC Waukesha, Wisconsin rinted on the patent): Individual Corporation or other private group entity Covernment					
ricase check the appropriate	assignce category or e	ategories (will not be pri	inted on the patent):	Individual XX Con	poration	or other private grou	p entity Government
4a. The following fee(s) are submitted: XX Issue Fee XX Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5. Change in Entity Status (from status indicated above)			b. Payment of Foc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _06=1130_ (enclose an extra copy of this form).				
a. Applicant claims SN	(Irom status indicated a	nove)					
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Authorized Signature	Lu	2MQ	Office.			y 10, 2008	and party in
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